Health Benefits Plan for the Employees

Kingman County Retirement Home Assn Group Number: 911318

Plan A

Effective Date: December 1, 2022	tive Date: December 1, 2022		FreedomChoice	
Tier 1 Claims Administrator Tier 1 Financial Program Tier 2 Insurance Carrier Provider Network		Freedom Claims Management, Inc. Medical Expense Reimbursement Plan Current Carrier Current Carrier		
Tier 1: Amounts Paid By	The Member	PPO Network	Out of Network	
Plan Year Employee Deductible	Single	\$1,000	\$6,350	
Deductible Restarts every December 1st	Family Limitation	\$2,000	\$12,700	
Employee Cost Share Percentages AFTER Deductible		50%	20%	
Tier 1 Out-of-Pocket Maximum AFTER Deductible	Single	\$1,000	\$2,000	
Before 1st \$6,350 Limit Reached	Family Limitation	\$2,000	\$4,000	
Copays Paid by Member "Per Visit"	Primary Care MD	\$25	Deductible	
	Specialist Physician	\$25	Deductible	
"Services performed" are subject to Deductible.	Urgent Care Facility	\$25	Deductible	
Deductible/Co-Insurance applies AFTER Emergency Room Copayment made.	Mental Health Office Visit	\$25	Deductible	
	Emergency Room	\$250	Deductible	
	Chiropractor	\$25	Deductible	
Routine Vision Exam	One per Plan Year	\$25	Deductible	
Routine Preventive Care	Per Person	Paid by Current Carrier	Deductible	
Prescription Drug Card Benefit		30 day Prescriptions	90 day Prescriptions*	
Prescription drug services and	Tier 1	\$15	\$37.50	
administration provided by the current	Tier 2	\$50	\$125.00	
carrier and Prescription Network, a	Tier 3	\$75	\$187.50	
Prescription Management Company	Specialty Prescriptions	30 day supply only. Applies to Deductible/Co-Insurance at Current Carrier Specialty Pharmacy		
		*90 day prescriptions limited to maintenance medication list.		

Tier 1: Deductible, copays, cost share amounts & Rx copays for the member. Until the member's claims reach \$6,350 the balance of these costs are paid by the Employer's Medical Expense Reimbursement Plan. Tier 1 claims are processed by Freedom Claims Management, Inc. a 3rd Party Administrator, after first being submitted to Current Carrier for claim discounting and review. Please direct questions to Freedom Claims Management, Inc. at 1-866-792-9151

Tier 2:	Applies to Claims Exceeding this Amount →		\$6,350	\$6,350
Employee Cost Share Percentages after Tier 2 Level Reached		0%	20%	
Tier 2 Out-of-Pocket Maximum (including copays) Single		\$6,350	\$8,350	
After 1st \$6,000 Li	mit Reached	Family Limitation	\$12,700	\$16,700
Lifetime Maxim	num		Unlimited	Unlimited

Umbrella: Current Carrier processes and pays eligible, in network claims above the \$6,350 limit.

Please refer to the final Schedule of Benefits and the Summary Plan Description for all other eligible or ineligible expenses which supersede this handout. Please also refer to the certificate of coverage from Current Carrier for actual details on cost share amounts This is not a legal document.

ID CARDS: You will have two ID Cards. Present both of them to your providers and pharmacy. Current Carrier will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor.

Please use participating network physicians and hospitals in order to maximize benefits and reimbursements. Pre-Certification is required with Current Carrier to maximize benefit reimbursement.